

A COMPREHENSIVE STUDY OF DEPRESSION IN ADOLESCENT GIRLS

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ABSTRACT: Depressive disorders in adolescents are a major cause of concern. As these disorders are subject to high recurrences in adulthood. The risk factors have to be identified and prompt treatment should be initiated. 15% have depression and 56% have depressive symptoms. The causes ranged from financial, broken homes, or death in the family, chronic illness. Symptoms of depression were unhappiness, restlessness, agitation, anger, dis interest in a pleasurable job. In the schools failure, in academics, in 47% girls lead to depression, partiality, abuse, was also contributing factors. Several studies, in particular, a study from Delhi showed depression to be the 3rd leading cause of death. Our study showed 6%, 12% had problems at home, 73% had clear idea about future plans. The problem should be identified and a team of psychiatrics, psychologists, pediatrician should bring down the problem.

KEYWORDS: Depressive, Adolescents, Suicide.

INTRODUCTION: Depressive disorders in adolescents have come to be recognized as a distinct entity from the adult form, with difficulties in the presentation, co-morbidity, treatment response, course and outcome.

The suicide rates for adolescents have increased by over 200% over the last decade, and about 1/3rd attending psychiatric clinic suffer from depression. These disorders are subject to high recurrences in adulthood, therefore it becomes imperative that these disorders are recognized early & treated effectively.⁽¹⁾

AIMS AND OBJECTIVES:

- To determine the prevalence of depressive symptoms in adolescent girls
- To determine the risk factors for depressive symptoms in these girls.

MATERIALS AND METHODS: The present study was a cross sectional in design, conducted at government junior college in Hyderabad. The study consisted of 496 adolescent girls between 15-18 years of age studying in 11th-12th class.

Evaluation was a two stage process: 1 the study comprised a college based survey through a self-administered questionnaire which comprised 3 parts, identification of data, depressive symptom checklist, a psychosocial questionnaire.

The questionnaire was translated in vernacular language to facilitate administrative operations and comprehension.

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Content validation was done before use. In addition a social worker was present at all times to facilitate easy understanding.

The college selected was registered in the adolescent health project of adolescent clinic of Niloufer hospital, department of pediatrics.

The study was carried out after obtaining free & verbal consent of the students.

A detailed general physical examination was done to look for pallor, icterus, lymphadenopathy, bleeding spots, & signs of vitamin deficiency, and was noted on the predesigned proforma. Physical examination was done to rule out any systemic abnormality.

Anthropometric measurements (wt, ht) were made.

The girls fulfilling the DSM-IV criteria for depressive disorder were studied.

The psychosocial factors were studied as per axis IV.

- Identification details comprised of name, age, parental education, & occupation of parents, family income, family type, composition.
- The depressive symptom checklist included a set of 14 questions where girls were asked to indicate a category which best befits them.
 - 0 - never.
 - 1 - Sometimes.
 - 2 - Often.

A psychosocial survey, the purpose of which was to elicit the possible causes responsible for adolescents having these symptoms.

Problems home-quarrels, alcoholism, financial, chronic illness, single parent.

Problems college-failure, partiality, isolation, failed love, harassment or abuse.

Self-consciousness, opinion about body image, future plans were also enquired. In addition suicidal ideation was also asked for.

The data was collected, compiled & Fischer's exact test was appropriately applied.^(2,3)

DSM IV-TR Axis IV:

- Psychosocial and environment problems.
- Problems with primary support group.
- Problems related to the social environment.
- Educational problems.
- Occupational problems.
- Housing problems.
- Economic problems.
- Problems with access to health care services.
- Problems related to interaction with legal system/crime.
- Other psychosocial and environmental problems.

RESULTS AND ANALYSIS: Among 496 girls, there was a high incidence of symptoms of depression 83(16.7%) of the screened adolescent girls fulfilled DSM-IV criteria for depression.

Age wise distribution of girls with depressive symptoms (83 girls) 36 girls (43.3%) were between the ages of 15-16 years & the rest 47(56.6%) were between 17-18 years.

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RESULTS: Among the 496 Girls, there was a high incidence of Symptoms of Depression (6.7%) of the Screened Adolescent Girls fulfilled DSM–IV Criteria for Depression. Wise Distribution of Girls with Depressive Symptoms (83 Girls).

SOCIO DEMOGRAPHIC PROFILE: 64(77.1%) of these girls belonged to large families with birth order of 3 or more 56(67.4%) were off springs of parents who were either illiterates or received only primary education. 48(57.8%) were of families where the monthly income of family was below 2500 Rs.

SYMPTOMS OF DEPRESSION: The incidence of symptoms was as follows unhappiness 54.2% restless/agitated 14.45%, disinterest in pleasurable activity 24.09%, somatic symptoms 34.9%, irritable/angry 42.16%.

PROBLEMS AT HOME: Problems at home were seen in altogether 60 girls (12%). Among the girls with depression 36(43.3%) had problems in their home atmosphere that comprised financial -16(19.2%), quarrels-14(16.8%), broken home-10(12.0%), death in the family-9(10.84%), alcoholism-4(4%) and chronic illness-3(3.6%).

PROBLEMS AT SCHOOL: Problems at school among girls with depression was seen in 28(33.78%) which comprised isolation, failure, abuse/harassment - 9(10.8%), failed love-10(12%), partiality-8(9.6%).

Suicidal behaviors (recurrent thoughts of death) were present in 73(14.7%) girls out of the study group. Among these 68(93.1%) were showing symptoms of depression and the attributable risk was 99.96% (p value -0.0001).

45(54.2%) of the depressed girls felt like running away from home, while only 3 (0.0072%) of the rest felt so (pvalue-0.000089).

Poor school grades were reported in 40(48.1%) girls with depression, 130(31.47%) girls without depression. The attributable risk was 34.7% (p value-<0.05).

All the three were statistically extremely significant among the girls with symptoms of depression (p value<0.05).

DISCUSSION: The main finding of the study was a high incidence of depressive symptoms among the screened adolescents this is consistent with the existing literature as per study done by CDC Thiruvananthapuram were girls 6.7% were depressed & boys.

3.5% were depressed. In our study 16.7% was the incidence.^(3,4) Probable reason was our study had only girls from 11-12th class as against theirs where they had boys as well & from class 9.

In the CDC study about 16% students had problems at home, the reasons were financial difficulties, quarrels between parents, illness, and alcohol consumption. In our study 12% had problems at home so it was consistent, the lower rates could be explained by that the girls were older probably many were not comfortable discussing their family environment.⁽⁵⁾

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In our study 73% were confident that they would be successful in future & had clear cut future plans. This was also in tune with CDC study where 68% had clear cut idea about their future plans.

Another noteworthy finding in this study was alarming number of children 45% (54.2%) of the depressed girls felt like running away from home, while only 3(0.0072%) of the rest felt so. This maintains the results of the study done on mental health status of runaway adolescent in Delhi.⁽³⁾ Suicide is the 3rd leading cause of death among teens. The high attributable risk among depressed girls proves its role as a trigger factor, & thus identifying depression becomes all the more an important issue.

Depression & suicidal feelings are treatable mental disorders. The teens should have his or her illness diagnosed, recognized & appropriate treatment plans developed. Treatment should involve psychiatrist, psychologist, and family therapist.^(6,7)

Limitations – the sample size is small, the study population is drawn from the girls attending 11-12th class which limits the application to the general population. There is a gender variability, the same cannot be applied to adolescent boys.

CONCLUSIONS: As results have shown depression is a largely unrecognized problem among adolescents and warrants increased need & opportunity for identification & intervention.

Understanding the problem & risk factors may be important intervention in alleviation of this problem.

Untreated depression has serious adverse outcome. It is a major predictor of suicidal behavior.

Herein lies the role of pediatrician in recognizing the depression at the earliest, which could be of considerable public health and clinical importance.

There is a need for services which address the social & family environment it is important to support initiatives that include parenting programmes that consider the reality of modern families.^(5,6)

There should be programmes to increase community awareness of impact on young people of their relationship & enhancement of social connectedness.

They need to develop the necessary life skills. Thus, the focus of interventions with adolescents has to shift from information given, to building life skills.

Identifying early risk factors highlights the need for services for children at schools & greater emphasis needs to be given to provision of service to adolescent through innovative programmes in collaboration with school, college involving the teacher, psychiatrist, pediatrician, and social worker.

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